



NuGraffika

## Broker/Reseller

Please fill-up all available info. USE CAPITAL LETTERS

Business Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Resale Cert.: \_\_\_\_\_

Fill-up below, to place your credit card info on file.

### Card #1

Type: \_\_\_\_\_ Billing \_\_\_\_\_

CC#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV: \_\_\_\_\_ City: \_\_\_\_\_

Full Name: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

### Card #2

Type: \_\_\_\_\_ Billing \_\_\_\_\_

CC#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV: \_\_\_\_\_ City: \_\_\_\_\_

Full Name: \_\_\_\_\_ State/ZIP: \_\_\_\_\_